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## BIB DATA SHEET

CONFIRMATION NO. 1485

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/963,736	09/26/2001	606	3739	E-05-2
<b>RULE</b>				
<b>APPLICANTS</b> David C. Hovda, Mountain View, CA; Hira V. Thapliyal, Los Altos, CA; Philip E. Eggers, Dublin, OH; Maria B. Ellsberry, Fremont, CA;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/480,880 01/10/2000 PAT 6,659,106 which is a CIP of 08/990,374 12/15/1997 PAT 6,109,268 which is a CIP of 08/485,219 06/07/1995 PAT 5,697,281 This application 09/963,736 09/26/2001 claims benefit of 60/075,059 02/18/1998				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 10/18/2001				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/LEE S COHEN/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWINGS</b> 18	<b>TOTAL CLAIMS</b> 16
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> ARTHROCARE CORPORATION 7500 Rialto Boulevard Building Two, Suite 100 Austin, TX 78735-8532 UNITED STATES				
<b>TITLE</b> SYSTEMS AND METHODS FOR ELECTROSURGICAL TREATMENT OF TURBINATES				
<b>FILING FEE RECEIVED</b> 980	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	